



County of Santa Cruz

HUMAN SERVICES DEPARTMENT

Employment and Benefit Services Division
Emily Balli, Director

☐ 1400 Emeline Avenue Santa Cruz, CA 95060 (831) 454 - 4151 Fax: (831) 454-4501
☐ 18 W. Beach Street Watsonville, CA 95076 (831) 763 - 8850 Fax: (831) 763-8789
www.santacruzcounty.us

RATES EFFECTIVE JANUARY 1, 2017

BASIC FOSTER CARE RATE

\$889

MAXIMUM SPECIAL NEEDS

Level I \$378
Level II \$689
Level III \$975

SPECIAL INFANT NEEDS 0-24 MONTHS

Level I \$282
Level II \$454
Level III \$680

INFANT SUPPLEMENT (MINOR MOTHER AND CHILD IN PLACEMENT TOGETHER)

Group Home \$1379
Foster Family Agency (FFA), Relatives,
NREFM's, & Licensed Foster Homes \$900

CLOTHING ALLOWANCES

Annual (Only Kids placed in Santa Cruz County) – All Ages \$147

Initial - Ages 0-5 \$153
Ages 6-19 \$233

Supplemental Clothing Allowance – All Ages, No Group Homes \$100

NOTE: Children placed outside of the county receive a clothing allowance rate of the county in which they reside.

EMERGENCY SHELTER CONTRACT HOMES

Ages 0 -12 \$416
Ages 13 + \$520

SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: Birth through 2 Years

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor minor for seizure activity	N/A	<ul style="list-style-type: none"> History, but none currently or no more than monthly No loss of consciousness <input type="checkbox"/> 	<ul style="list-style-type: none"> At least weekly Loss of consciousness less than 10 minutes; no apnea <input type="checkbox"/> 	<ul style="list-style-type: none"> At least daily Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop <input type="checkbox"/>
INFECTIOUS DISEASE FP must use the following hygiene precautions.	<ul style="list-style-type: none"> Universal precautions should be used with all children Common childhood diseases (i.e.: chicken pox) <input type="checkbox"/> 	<ul style="list-style-type: none"> Known or suspected, but usual hygiene adequate. Increased risk for contracting, but able to go out to medical appointments, etc. <input type="checkbox"/> 	<ul style="list-style-type: none"> Known or suspected and more than usual hygiene measures needed. Increased risk for contracting, so should remain in home as much as possible. <input type="checkbox"/> 	<ul style="list-style-type: none"> Known requiring specialized handling of all body fluids. Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed <input type="checkbox"/>
FEEDING FP must use special handling or procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> Monitor food intake Set limits about what kind of food <input type="checkbox"/> 	<ul style="list-style-type: none"> Some choking; occasional special handling needed Takes 31-40 min to feed Every 4 hrs with night feeding Occasional vomiting, not serious Special diet/food preparation <input type="checkbox"/> 	<ul style="list-style-type: none"> Chokes or gags easily; frequent special handling needed Takes 41-50 min to feed Every 3 hours with night feedings Vomits at least twice daily; or requires medication for vomiting <input type="checkbox"/> 	<ul style="list-style-type: none"> Requires feedings by N/G, GTT, JT and/or pump Takes 51+ minutes to feed Every 2 hours with night feedings Same as Level 2; <u>and</u> affecting adequate weight gain <input type="checkbox"/>
ELIMINATION: FP must use special handling or procedure according to minor's need	Occasional constipation <input type="checkbox"/>	<ul style="list-style-type: none"> Prone to urinary tract infections, needs increased fluids Chronic constipation/ occasional suppository <input type="checkbox"/> 	<ul style="list-style-type: none"> Crede needed to empty bladder Chronic diarrhea/runny stools; or constipated and needs daily program <input type="checkbox"/> 	<ul style="list-style-type: none"> Has vesicostomy/ uretostomy/illial conduit Colostomy/ileostomy <input type="checkbox"/>
SLEEP PATTERN: FP must comfort minor during night sleep time	Wakes occasionally at night <input type="checkbox"/>	May wake up several times nightly <input type="checkbox"/>	Prolonged periods of crying creating sleep disturbance <input type="checkbox"/>	<ul style="list-style-type: none"> Averages less than 2-3 hours of sleep nightly Inconsolable crying <input type="checkbox"/>
MUSCLE TONE: FP must spend extra time handling minor and work with minor to improve muscle functioning	N/A	Impacts on care and/or some developmental delay; need to monitor <input type="checkbox"/>	Requires special handling; follow up with therapy recommendations at home <input type="checkbox"/>	Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
APPOINTMENTS: FP must take minor to medical/ therapy appointments; or insure minor's attendance at medical/therapy appointments.	N/A	1-4 appointments per month <input type="checkbox"/>	5 or more appointments monthly <input type="checkbox"/>	Frequent need for immediate appointments <input type="checkbox"/>
MEDICALLY FRAGILE FP must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to address medically fragile condition.	N/A	N/A	<ul style="list-style-type: none"> Born with serious defects Close monitoring and medical supervision needed. High SIDS risk <input type="checkbox"/> 	Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care. <input type="checkbox"/>

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
RESPIRATORY PROBLEMS: FP must monitor minor's condition and follow appropriate medical procedure to address respiratory condition.	Common cold; occasional ear infections <input type="checkbox"/>	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma <input type="checkbox"/>	Bronchial Pulmonary Disease <input type="checkbox"/>
SPECIALIZED EQUIPMENT: FP must be trained in the use of tech-nology needed to assist minor in the areas listed.	N/A	Splints, case, braces or positioning equipment <input type="checkbox"/>	<ul style="list-style-type: none"> Aspiration, suctioning, ventilator, or mist tent Apnea monitor <input type="checkbox"/>	Oxygen, pulmonaid, broviac catheter, tracheostomy <input type="checkbox"/>
MEDICATIONS: FP must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Occasional need for medication <input type="checkbox"/>	Consistent need for medication <input type="checkbox"/>	1-3 per day <input type="checkbox"/>	4+ medications per day <input type="checkbox"/>
OTHER: Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRUG EXPOSED; AT RISK (D.E.A.R. trained FP)	N/A	N/A	Acute/Long Term with <input type="checkbox"/> <ul style="list-style-type: none"> Uncoordinated fine motor skills Sensory input problems Jitteriness Poor feeding/reflux Hyper/hypotonicity Muscle weakness <input type="checkbox"/>	<ul style="list-style-type: none"> Acute withdrawal (opiates & methadone) Finnegan Scoring Meds Diagnosis of acute gastro-esophageal reflux Cardiac anomalies Seizure activity Projectile vomiting Severe diarrhea Infectious disease precautions Increased rate of SIDS with cocaine and heroin <input type="checkbox"/>

FOR CHILDREN UP TO 18 MONTHS OF AGE

LEVEL OF FP INTERVENTION	NOT SPECIAL RATE ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
BEHAVIOR		MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
IRRITABILITY: Poor state changes, prolonged periods of crying	Occasional tantrums, need for soothing <input type="checkbox"/>	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
HYPERREFLEXIA: Exaggerated startle reflex, or response to stimuli, arching	N/A	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
TREMORS: Jerky movements	N/A	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>

POOR SOCIAL INTER-ACTION: Poor eye contact, doesn't cuddle, not responsive	Some extra nurturing <input type="checkbox"/>	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
OTHER (Please describe)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHILDREN OVER 18 MONTHS OF AGE

LEVEL OF FP INTERVENTION		LEVEL 1	LEVEL 2	LEVEL 3
BEHAVIOR	NOT SPECIAL RATE ELIGIBLE	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
SHORT ATTENTION SPAN: Inability to persist in attending to any one object, person or activity. Can't play alone.	Some assistance with finding appropriate activity. Some insecurity when caretaker leaves room. <input type="checkbox"/>	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
EXCESSIVE ACTIVITY: Constant movement, over-excitability and restlessness, won't sit still.	Some over-excitability and restlessness; some periods of not sitting still <input type="checkbox"/>	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
POOR TOLERANCE FOR CHANGE: Restlessness or disruption of typical functioning, cries when FP not present	Some periods of restlessness or disruption of typical functioning <input type="checkbox"/>	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
AGGRESSION TOWARD OTHERS: Deliberate violent episodes, injury to others or destruction of property	N/A	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
AGGRESSION TOWARD SELF: Injuring self; no concept of danger	N/A	MILD: Can be readily controlled with specialized intervention <input type="checkbox"/>	MODERATE: Is difficult to control, but will respond to sustained specialized intervention <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention <input type="checkbox"/>
OTHER (Please describe)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required LIC625 Attached: <input type="checkbox"/> Yes				

☐ Auxiliary Needs (special diet, supplements & excess transportation) \$50

Foster Parent Signature: _____ Date: _____

Social Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____
(If needed, Level III only)

SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 3 through 5 years

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor minor for seizure activity	N/A	<ul style="list-style-type: none"> History, but none currently or no more than monthly No loss of consciousness <input type="checkbox"/> 	<ul style="list-style-type: none"> At least weekly Loss of consciousness less than 10 minutes; no apnea <input type="checkbox"/> 	<ul style="list-style-type: none"> At least daily Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop <input type="checkbox"/>
INFECTIOUS DISEASE FP must use the following hygiene precautions.	<ul style="list-style-type: none"> Universal precautions should be used with all children Common childhood diseases (i.e.: chicken pox) <input type="checkbox"/> 	<ul style="list-style-type: none"> Known or suspected, but usual hygiene adequate. Increased risk for contracting, but able to go out to medical appointments, etc. <input type="checkbox"/> 	<ul style="list-style-type: none"> Known or suspected & more than usual hygiene measures needed Increased risk for contracting, so should remain in home as much as possible. <input type="checkbox"/> 	<ul style="list-style-type: none"> Known requiring specialized handling of all body fluids. Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed. <input type="checkbox"/>
FEEDING FP must use special handling or procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> Picky eater Low level hoarding FP must monitor food intake FP must set limits about what kind of food child eats <input type="checkbox"/> 	<ul style="list-style-type: none"> Some choking; occasional special handling needed Takes 31-40 min to feed Every 4 hrs with night feeding Occasional vomiting, not serious Special diet/food preparation <input type="checkbox"/> 	<ul style="list-style-type: none"> Chokes or gags easily; frequent special handling needed Takes 41-50 min to feed Every 3 hours with night feedings Vomits at least twice daily; or requires medication for vomiting <input type="checkbox"/> 	<ul style="list-style-type: none"> Requires feedings by N/G, GTT, JT and/or pump Takes 51+ min to feed Every 2 hours with night feedings Same as Level 2; & affecting adequate weight gain <input type="checkbox"/>
BLADDER/BOWEL FUNCTIONING FP must use special handling or procedure according to minor's need	<ul style="list-style-type: none"> May need night time diapering May have occasional toileting accidents <input type="checkbox"/> 	<ul style="list-style-type: none"> Prone to urinary tract infections, needs increased fluids Chronic constipation/occasional suppository <input type="checkbox"/> 	<ul style="list-style-type: none"> Crede needed to empty bladder Chronic diarrhea/runny stools; or constipated & needs daily program <input type="checkbox"/> 	<ul style="list-style-type: none"> Has vesicostomy/uretostomy/illial conduit Colostomy/ileostomy <input type="checkbox"/>
DEVELOPMENTAL DELAY FP must monitor minor's development & assist minor in the formation of age-appropriate self-help & developmental skills and/or perform such skills the minor is incapable of performing.	N/A	Can learn some self-care with constant repetitive training & instruction, i.e.: toilet-training, speech delay <input type="checkbox"/>	Cannot perform age-appropriate functions or can only do so with assistance. Specify _____ <input type="checkbox"/>	Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper. <input type="checkbox"/>
APPOINTMENTS FP must take minor to medical/therapy appointments; or insure minor's attendance at medical/therapy appointments	An average of 1-4 local appointments per month <input type="checkbox"/>	Average of 5 or more appointments, locally, or 1-4 appointments out of town, monthly <input type="checkbox"/>	More than 6 appointments monthly <input type="checkbox"/>	Frequent need for immediate appointments <input type="checkbox"/>
MEDICALLY FRAGILE FP must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to address medically fragile condition.	N/A	N/A	Born with serious defects having long-term implications. Close monitoring & medical supervision needed. <input type="checkbox"/>	Born with major defects that are life-threatening. Constant care & supervision needed; surgery pending or post surgical care. <input type="checkbox"/>

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
RESPIRATORY PROBLEMS FP must monitor minor's condition & follow appropriate medical procedure to address respiratory condition.	Common cold; occasional ear infections <input type="checkbox"/>	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma <input type="checkbox"/>	Bronchial Pulmonary Disease <input type="checkbox"/>
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist minor in the areas listed.	N/A	Splints, case, braces or positioning equipment <input type="checkbox"/>	Aspiration, suctioning, ventilator, or mist tent Apnea monitor <input type="checkbox"/>	Oxygen, pulmonaid, broviac catheter, tracheostomy <input type="checkbox"/>
MEDICATIONS FP must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Occasional need for medication <input type="checkbox"/>	Consistent need for medication <input type="checkbox"/>	1-3 per day <input type="checkbox"/>	4+ medications per day <input type="checkbox"/>
PHYSICAL THERAPY/ OCCUPATIONAL THERAPY/SPEECH THERAPY FP performs physical therapy exercises with minor as prescribed by physical therapist or doctor.	N/A	1 – 4 times a month <input type="checkbox"/>	Requires at least one hour per day of exercise regimen prescribed by physical therapist or doctor. <input type="checkbox"/>	Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor. <input type="checkbox"/>
NON-AMBULATORY FP must monitor minor's condition; assist with or perform functions the minor is incapable of performing	N/A	N/A	With help, can perform some self-care functions, can move with assistance of special equipment, eg: motorized wheelchair. <input type="checkbox"/>	Needs total care. Same as level 2; & requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
OTHER Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRUG EXPOSED – AT RISK		<input type="checkbox"/>	<ul style="list-style-type: none"> • CNS disturbance • Metabolic/respiratory disturbance • GI disturbance <input type="checkbox"/>	Diagnosis of FAS/FAE or other history of in utero drug exposure <input type="checkbox"/>

SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 3 through 5 years

Child's Name	DOB	Age	CWW
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

EMOTIONAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

CONCERNS	NON SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING: FP must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators & intervene as needed.	Occasional clinginess Occasional tantruming <input type="checkbox"/>	<ul style="list-style-type: none"> • Demanding, clinging, constant crying, regression to infantile behavior. FP must provide extra comfort & attention. • Tantrums & is not easily distracted from tantrum behavior. <input type="checkbox"/> 	At least daily tantrums-very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting. <input type="checkbox"/>	Tantrums requiring professional intervention. <input type="checkbox"/>
ABNORMAL STRUCTURE/SUPERVISION: FP must provide minor with a level of structure higher than appropriate to minor's chronological age.	FP must closely monitor child. <input type="checkbox"/>	Child cannot play alone or with peers for any period of time without adult supervision. <input type="checkbox"/>	Child requires regimented routine in order to maintain appropriate behavior. <input type="checkbox"/>	Child can never be left unattended. <input type="checkbox"/>
SLEEP DISTURBANCE FP must comfort minor during night sleep time.	Occasional night terrors & need for comforting. <input type="checkbox"/>	Weekly nightmares Child needs comforting to get back to sleep <input type="checkbox"/>	Nightmares & night terrors every night. <input type="checkbox"/>	Child terrified of sleeping, becomes very agitated at bedtime acts out, etc. <input type="checkbox"/>
ENURISIS: FP must monitor, assist minor with gaining control; extra laundry.	<ul style="list-style-type: none"> • May need night-time diapering. • May have occasional toileting accidents. <input type="checkbox"/> 	Loss of bladder control at night. <input type="checkbox"/>	Loss of bladder control during the day. <input type="checkbox"/>	Need for medical intervention to gain bladder control. <input type="checkbox"/>
ENCOPRISIS FP must monitor; assist minor with gaining control; extra laundry.	May have occasional toileting accidents. <input type="checkbox"/>	Frequent toileting accidents <input type="checkbox"/>	Daily toileting accidents <input type="checkbox"/>	<ul style="list-style-type: none"> • Pattern of smearing feces. • Need for medical intervention to gain bowel control. <input type="checkbox"/>
AGGRESSIVE TO OTHERS/PROPERTY FP must monitor aggressive behavior; intervene to reduce or eliminate aggressive behavior; protect other children, replace property	<ul style="list-style-type: none"> • Occasional need to intervene with physical conflict with other children. • Occasional minor destruction of property. <input type="checkbox"/> 	Emerging pattern of physical aggression with peers Emerging pattern of property destruction <input type="checkbox"/>	Regularly aggressive/assaultive FP must protect other children & property <input type="checkbox"/>	Same as level 2 & chronic, extreme destruction of property Specify _____ <input type="checkbox"/>
SEXUAL BEHAVIOR FP must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation	FP may need to monitor for sexual play with peers Child may masturbate <input type="checkbox"/>	<ul style="list-style-type: none"> • Redirection of overly-sexualized behavior • Preoccupation with masturbation & sexual activity <input type="checkbox"/> 	<ul style="list-style-type: none"> • Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely • May require counseling <input type="checkbox"/> 	Same as level 2 & history of initiating sexual activity with other children on more than one occasion; sexually aggressive & FP must supervise peer contact to protect other children <input type="checkbox"/>

CONCERNS	NON SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SCHOOL PROBLEMS FP maintains contact with pre-school/school personnel; attends pre-school/school meetings and/or IEP's, assist minor with schoolwork and/or homework; insure minor's educational needs & objectives are met.	FP needs to maintain regular communication with school personnel <input type="checkbox"/>	Child presents discipline problems; may need services from Resource Specialist Program, specialized tutoring <input type="checkbox"/>	Same as level 1 & needs assessment for special education services <input type="checkbox"/>	Child will need special day class or intensive special education support to achieve educational objectives <input type="checkbox"/>
EMOTIONAL & BEHAVIORAL CONCERNS FP must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor; follow-thru with therapy recommendations	Child may exhibit situational, temporary moodiness <input type="checkbox"/>	Behavior indicates need for assessment by mental health professional <input type="checkbox"/>	Unresponsive & withdrawn; FP must monitor closely; work with therapist. <input type="checkbox"/>	Suicidal ideation; need for on-going or intensive therapy <input type="checkbox"/>
FOSTER PARENT IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	Foster parent may be asked to participate in an occasional session <input type="checkbox"/>	At least every other week <input type="checkbox"/>	At least weekly <input type="checkbox"/>	At least twice weekly <input type="checkbox"/>
HYPERACTIVE: FP must constantly monitor & redirect the minors behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	Child may have periods of being excessively energetic. <input type="checkbox"/>	Highly active & demanding of attention from family members. No medication necessary. <input type="checkbox"/>	Activity level must be controlled with medication. <input type="checkbox"/>	Constant movement & restlessness. Cannot be controlled with medication. Child up at nights wandering through the house. <input type="checkbox"/>
OTHER: Minor has emotional need that is not covered above that requires the FP to perform activities differing from those above.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required LIC625 Attached: ☐ Yes

☐ Auxiliary Needs (special diet, supplements & excess transportation) \$50

Foster Parent Signature: _____ Date: _____

Social Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____
(If needed, Level III only)

SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 6 through 11

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor minor for seizure activity	N/A	<ul style="list-style-type: none"> History, but none currently or no more than monthly No loss of consciousness <input type="checkbox"/>	<ul style="list-style-type: none"> At least weekly Loss of consciousness less than 10 minutes; no apnea <input type="checkbox"/>	<ul style="list-style-type: none"> At least daily Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop <input type="checkbox"/>
INFECTIOUS DISEASE FP must use the following hygiene precautions.	<ul style="list-style-type: none"> Universal precautions should be used with all children Common childhood diseases (ie: chicken-pox) <input type="checkbox"/>	<ul style="list-style-type: none"> Known or suspected, but usual hygiene adequate. Increased risk for contracting, but able to go out to medical appointments, etc. <input type="checkbox"/>	<ul style="list-style-type: none"> Known or suspected and more than usual hygiene measures needed. Increased risk for contracting, so should remain in home as much as possible. <input type="checkbox"/>	<ul style="list-style-type: none"> Known requiring specialized handling of all body fluids. Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed <input type="checkbox"/>
FEEDING FP must use special handling or procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> Picky eater Low level hoarding FP must monitor food intake FP must set limits about what kind of food child eats <input type="checkbox"/>	<ul style="list-style-type: none"> Some choking; occasional special handling needed Takes 31-40 minutes to feed Every 4 hours with night feeding Occasional vomiting, not serious Special diet/food preparation <input type="checkbox"/>	<ul style="list-style-type: none"> Chokes or gags easily; frequent special handling needed Takes 41-50 minutes to feed Every 3 hours with night feedings Vomits at least twice daily; or requires medication for vomiting <input type="checkbox"/>	<ul style="list-style-type: none"> Requires feedings by N/G, GTT, JT and/or pump Takes 51+ minutes to feed Every 2 hours with night feedings Same as Level 2; <u>and</u> affecting adequate weight gain <input type="checkbox"/>
BLADDER/BOWEL FUNCTIONING FP must use special handling or procedure according to minor's need	May have occasional lapse of bladder control. <input type="checkbox"/>	<ul style="list-style-type: none"> Prone to urinary tract infections, needs increased fluids Chronic constipation/ occasional suppository <input type="checkbox"/>	<ul style="list-style-type: none"> Crede needed to empty bladder Chronic diarrhea/runny stools; or constipated and needs daily program <input type="checkbox"/>	<ul style="list-style-type: none"> Has vesicostomy/ uretostomy/illial conduit Colostomy/ileostomy <input type="checkbox"/>
DEVELOPMENTAL DELAY: FP must monitor minor's development and assist minor in the formation of age-appropriate self-help and developmental skills and/or perform such skills the minor is incapable of performing.	N/A	Can learn some self-care with constant repetitive training and instruction, i.e: toilet-training, speech delay <input type="checkbox"/>	Cannot perform age-appropriate functions or can only do so with assistance. Specify _____ <input type="checkbox"/>	Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper. <input type="checkbox"/>
APPOINTMENTS FP must take minor to medical/therapy appointments; or insure minor's attendance at medical/therapy appointments	An average of 1-4 local appointments per month <input type="checkbox"/>	Average of 5 or more appointments, locally, or 1-4 appointments out of town, monthly <input type="checkbox"/>	More than 6 appointments monthly <input type="checkbox"/>	Frequent need for immediate appointments <input type="checkbox"/>

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
MEDICALLY FRAGILE FP must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to address medically fragile condition.	N/A	N/A	Born with serious defects having long-term implications. Close monitoring and medical supervision needed. <input type="checkbox"/>	<ul style="list-style-type: none"> Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care. <input type="checkbox"/>
RESPIRATORY PROBLEMS: FP must monitor minor's condition and follow appropriate medical procedure to address respiratory condition	Common cold; occasional ear infections <input type="checkbox"/>	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma <input type="checkbox"/>	Bronchial Pulmonary Disease <input type="checkbox"/>
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist minor in the areas listed.	N/A	Splints, case, braces or positioning equipment <input type="checkbox"/>	Aspiration, suctioning, ventilator, or mist tent Apnea monitor <input type="checkbox"/>	Aspiration, suctioning, ventilator, or mist tent Apnea monitor <input type="checkbox"/>
MEDICATIONS FP must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included. PHYSICAL THERAPY/ OCCUPATIONAL THERAPY/SPEECH THERAPY FP performs physical therapy exercises with minor as prescribed by physical therapist or doctor on a daily basis.	Occasional need for medication <input type="checkbox"/> N/A	Consistent need for medication <input type="checkbox"/> N/A	1-3 per day <input type="checkbox"/> Requires at least one hour per day of exercise regimen prescribed by physical therapist or doctor. <input type="checkbox"/>	4+ medications per day <input type="checkbox"/> Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor. <input type="checkbox"/>
NON-AMBULATORY FP must monitor minor's condition; assist with or perform functions the minor is incapable of performing	N/A	N/A	With help, can perform some self-care functions, can move with assistance of special equipment, e.g.: motorized wheelchair <input type="checkbox"/>	Needs total care. Same as level 2; and requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
OTHER Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRUG EXPOSED – AT RISK		<input type="checkbox"/>	<ul style="list-style-type: none"> CNS disturbance Metabolic/respiratory disturbance GI disturbance <input type="checkbox"/>	Diagnosis of FAS/FAE or other history of in utero drug exposure <input type="checkbox"/>

SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 6 through 11

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

EMOTIONAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING FP must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed.	<ul style="list-style-type: none"> Occasional clinginess Occasional tantruming <input type="checkbox"/>	<ul style="list-style-type: none"> Demanding, clinging, constant crying, regression to infantile behavior. FP must provide extra comfort and attention. Tantrums and is not easily distracted from tantrum behavior. <input type="checkbox"/>	At least daily tantrums-very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting. <input type="checkbox"/>	Tantrums requiring professional intervention. <input type="checkbox"/>
ABNORMAL STRUCTURE/SUPERVISION FP must provide minor with a level of structure higher than appropriate to minor's chronological age.	FP must closely monitor child. <input type="checkbox"/>	Child cannot play alone or with peers for any period of time without adult supervision. <input type="checkbox"/>	Child requires regimented routine in order to maintain appropriate behavior. <input type="checkbox"/>	Child can never be left unattended. <input type="checkbox"/>
SLEEP DISTURBANCE FP must comfort minor during night sleep time.	Occasional night terrors and need for comforting. <input type="checkbox"/>	<ul style="list-style-type: none"> Weekly nightmares Child needs comforting to get back to sleep <input type="checkbox"/>	Nightmares and night terrors every night. <input type="checkbox"/>	Child terrified of sleeping, becomes very agitated at bedtime acts out, etc. <input type="checkbox"/>
ENURISIS: FP must monitor, assist minor with gaining control; extra laundry.	May have occasional lapse of bladder control <input type="checkbox"/>	Loss of bladder control at night <input type="checkbox"/>	Loss of bladder control during the day <input type="checkbox"/>	Need for medical intervention to gain bladder control. <input type="checkbox"/>
ENCOPRISIS: FP must monitor; assist minor with gaining control; extra laundry.		Frequent toileting accidents <input type="checkbox"/>	Daily toileting accidents <input type="checkbox"/>	<ul style="list-style-type: none"> Pattern of smearing feces. Need for medical intervention to gain bowel control. <input type="checkbox"/>
EMOTIONAL & BEHAVIORAL CONCERNS: FP must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor; follow-thru with therapy recommendations AGGRESSIVE	Child may exhibit situational, temporary moodiness <input type="checkbox"/>	Behavior indicates need for assessment by mental health professional <input type="checkbox"/>	Unresponsive & withdrawn; FP must monitor closely; work with therapist. <input type="checkbox"/>	Suicidal ideation; need for on-going or intensive therapy <input type="checkbox"/>
TO OTHERS/PROPERTY: FP must monitor aggressive behavior; intervene to reduce or eliminate aggressive behavior; protect other children, replace property	<ul style="list-style-type: none"> Occasional need to intervene with physical conflict with other children. Occasional minor destruction of property. <input type="checkbox"/>	<ul style="list-style-type: none"> Emerging pattern of physical aggression with peers Emerging pattern of property destruction <input type="checkbox"/>	Regularly aggressive/assaultive. FP must protect other children and property. <input type="checkbox"/>	Same as level 2 and chronic, extreme destruction of property Specify _____ <input type="checkbox"/>

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEXUAL BEHAVIOR FP must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation	<ul style="list-style-type: none"> FP may need to monitor for sexual play with peers. Child may masturbate. <input type="checkbox"/>	<ul style="list-style-type: none"> Redirection of overly-sexualized behavior. Preoccupation with masturbation and sexual activity. <input type="checkbox"/>	<ul style="list-style-type: none"> Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely May require counseling <input type="checkbox"/>	Same as level 2 and history of initiating sexual activity with other children on more than one occasion; sexually aggressive and FP must supervise peer contact to protect other children. <input type="checkbox"/>
SCHOOL PROBLEMS FP maintains contact with school personnel; attends school meetings and/or IEP's, assist minor with schoolwork and/or home-work; insure minor's educational needs and objectives are met.	FP needs to maintain regular communication with school personnel. <input type="checkbox"/>	Child presents discipline problems; may need services from Resource Specialist Program, specialized tutoring. <input type="checkbox"/>	Same as level 1 and needs assessment for special education services. <input type="checkbox"/>	Child will need special day class or intensive special education support to achieve educational objectives, <input type="checkbox"/>
FOSTER PARENT IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	Foster parent may be asked to participate in an occasional session. <input type="checkbox"/>	At least every other week <input type="checkbox"/>	At least weekly <input type="checkbox"/>	At least twice weekly <input type="checkbox"/>
LAW VIOLATIONS FP must be aware of the minor's behavior in the community; has constant contact with police or probation; handle community complaints; monitor minor's property to insure it is not stolen; monitor drug use and intervene as necessary	N/A	AWOL behavior that puts child at risk. <input type="checkbox"/>	Pattern of truancy; stealing in the home or community; minor antisocial behavior. <input type="checkbox"/>	Alcohol/drug use; major theft; assaultive; weapons possession. <input type="checkbox"/>
HYPERACTIVE: FP must constantly monitor and redirect the minor's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	Child may have periods of being excessively energetic. <input type="checkbox"/>	Highly active and demanding of attention from family members. No medication necessary. <input type="checkbox"/>	Activity level must be controlled with medication. <input type="checkbox"/>	Constant movement and restlessness. Cannot be controlled with medication. Child up at nights wandering through the house. <input type="checkbox"/>
OTHER: Minor has emotional need that is not covered above that requires the FP to perform activities differing from those above.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required LIC625 Attached: ☐ Yes

☐ Auxiliary Needs (special diet, supplements & excess transportation) \$50

Foster Parent Signature: _____ Date: _____

Social Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____
(If needed, Level III only)

SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 12 through 18

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor minor for seizure activity	N/A	<ul style="list-style-type: none"> History , but none currently or no more than monthly No loss of consciousness <input type="checkbox"/>	<ul style="list-style-type: none"> At least weekly Loss of consciousness less than 10 minutes; no apnea <input type="checkbox"/>	<ul style="list-style-type: none"> At least daily Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop <input type="checkbox"/>
INFECTIOUS DISEASE FP must use the following hygiene precautions.	<ul style="list-style-type: none"> Universal precautions should be used with all children Common childhood diseases (i.e.: chicken-pox) <input type="checkbox"/>	<ul style="list-style-type: none"> Known or suspected, but usual hygiene adequate. Increased risk for contracting, but able to go out to medical appointments, etc. <input type="checkbox"/>	<ul style="list-style-type: none"> Known or suspected & more than usual hygiene measures needed Increased risk for contracting, so should remain in home as much as possible. <input type="checkbox"/>	<ul style="list-style-type: none"> Known requiring specialized handling of all body fluids. Great risk for contracting – specialized handling of food, contacts, toys, etc. is needed <input type="checkbox"/>
FEEDING FP must use special handling or procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> Picky eater Low level hoarding FP must monitor food intake FP must set limits about what kind of food child eats <input type="checkbox"/>	<ul style="list-style-type: none"> Occasional vomiting, not serious Special diet/food preparation <input type="checkbox"/>	Diagnosis & treatment of: <ul style="list-style-type: none"> Anorexia Obesity Bulimia <input type="checkbox"/>	<ul style="list-style-type: none"> Requires feedings by N/G, GTT, JT and/or pump Takes 51+ minutes to feed Every 2 hours with night feedings Same as Level 2; & affecting adequate weight gain <input type="checkbox"/>
BLADDER/BOWEL FUNCTIONING FP must use special handling or procedure according to minor's need	N/A	<ul style="list-style-type: none"> Prone to urinary tract infections, needs increased fluids Chronic constipation/ occasional suppository <input type="checkbox"/>	<ul style="list-style-type: none"> Crede needed to empty bladder Chronic diarrhea/runny stools; or constipated & needs daily program <input type="checkbox"/>	<ul style="list-style-type: none"> Has vesicostomy/ uretostomy/illial conduit Colostomy/ileostomy <input type="checkbox"/>
DEVELOPMENTAL DELAY – FP must monitor minor's development & assist minor in the formation of age-appropriate self-help & developmental skills and/or perform such skills the minor is incapable of performing.	N/A	Can learn some self-care with constant repetitive training & instruction, i.e., toilet-training, speech delay <input type="checkbox"/>	Cannot perform age-appropriate functions or can only do so with assistance. Specify _____ <input type="checkbox"/>	Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper. <input type="checkbox"/>
APPOINTMENTS FP must take minor to medical/therapy appointments; or insure minor's attendance at medical/therapy appointments	An average of 1-4 local appointments per month. <input type="checkbox"/>	Average of 5 or more appointments, locally, or 1-4 appointments out of town, monthly <input type="checkbox"/>	More than 6 appointments monthly <input type="checkbox"/>	Frequent need for immediate appointments <input type="checkbox"/>

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
MEDICALLY FRAGILE FP must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to address medically fragile condition.	N/A	N/A	Born with serious defects having long-term implications. Close monitoring & medical supervision needed. <input type="checkbox"/>	Born with major defects that are life-threatening. Constant care & supervision needed; surgery pending or post surgical care. <input type="checkbox"/>
RESPIRATORY PROBLEMS FP must monitor minor's condition & follow appropriate medical procedure to address respiratory condition.	Common cold; occasional ear infections <input type="checkbox"/>	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma <input type="checkbox"/>	Bronchial Pulmonary Disease <input type="checkbox"/>
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist minor in the areas listed.	N/A	Splints, case, braces or positioning equipment <input type="checkbox"/>	Aspiration, suctioning, ventilator, or mist tent Apnea monitor <input type="checkbox"/>	Oxygen, pulmonaid, broviac catheter, tracheostomy <input type="checkbox"/>
MEDICATIONS FP must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Occasional need for medication <input type="checkbox"/>	Consistent need for medication <input type="checkbox"/>	1-3 per day <input type="checkbox"/>	4+ medications per day <input type="checkbox"/>
PHYSICAL THERAPY/ OCCUPATIONAL THERAPY/SPEECH THERAPY: FP performs physical therapy exercises with minor as prescribed by physical therapist or doctor on a daily basis.	N/A	N/A	Requires at least one hour per day of exercise regimen prescribed by physical therapist or doctor. <input type="checkbox"/>	Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor. <input type="checkbox"/>
NON-AMBULATORY FP must monitor minor's condition; assist with or perform functions the minor is incapable of performing	N/A	N/A	With help, can perform some self-care functions, can move with assistance of special equipment, e.g.: motorized wheelchair <input type="checkbox"/>	Needs total care. Same as level 2; & requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
OTHER Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities.	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRUG EXPOSED; AT RISK	N/A	<input type="checkbox"/>	<ul style="list-style-type: none"> • CNS disturbance • Metabolic/respiratory disturbance • GI disturbance <input type="checkbox"/>	Diagnosis of FAS/FAE or other history of in utero drug exposure <input type="checkbox"/>

SPECIAL RATE REQUEST BEHAVIORAL CHECKLIST – Child's Age: 12 through 18

Child's Name	DOB	Age	Social Worker
Foster Placement Name		Case Name	
Begin Date	Initial Plan		Update

EMOTIONAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

CONCERNS	NON SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING FP must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators & intervene as needed.	FP must provide extra comfort & attention from time to time <input type="checkbox"/> FP may need to	<ul style="list-style-type: none"> Frequent verbal outbursts. Defiant. Refusal to follow basic rules. <input type="checkbox"/>	<ul style="list-style-type: none"> Constant challenge & criticism of FP's actions attempts to undermine FP's authority in home. Wants total attention of FP; overly jealous of other children in the home <input type="checkbox"/>	Attention seeking behaviors require professional intervention <input type="checkbox"/>
ABNORMAL STRUCTURE/ SUPERVISION FP must provide minor with a level of structure higher than appropriate to minor's chronological age.	provide extra guidance to help child in developing sound judgment. <input type="checkbox"/> Occasional night	Difficulty initiating own activities without direction. <input type="checkbox"/>	Child becomes anxious or acts out in the absence of structure or established routine. <input type="checkbox"/>	Child requires regimented routine in order to maintain appropriate behavior. <input type="checkbox"/>
SLEEP DISTURBANCE FP must comfort minor during night sleep time.	terrors & need for comforting. <input type="checkbox"/>	<ul style="list-style-type: none"> Weekly nightmares Child needs comforting to get back to sleep <input type="checkbox"/>	Nightmares & night terrors every night. <input type="checkbox"/>	Child terrified of sleeping, becomes very agitated at bedtime acts out, etc. <input type="checkbox"/>
ENURISIS: FP must monitor, assist minor with gaining control; extra laundry.	N/A	N/A	Loss of bladder control. <input type="checkbox"/>	Need for medical intervention to gain bladder control. <input type="checkbox"/>
ENCOPRISIS: FP must monitor; assist minor with gaining control; extra laundry.	N/A	N/A	Toileting accidents <input type="checkbox"/>	<ul style="list-style-type: none"> Pattern of smearing feces. Need for medical intervention to gain bowel control. <input type="checkbox"/>
AGGRESSIVE TO OTHERS/PROPERTY FP must monitor aggressive behavior; intervene to reduce or eliminate aggressive behavior; protect other children, replace property.	N/A	<ul style="list-style-type: none"> Emerging pattern of physical aggression with peers. Emerging pattern of property destruction. <input type="checkbox"/>	<ul style="list-style-type: none"> Regularly aggressive/ assaultive; FP must protect other children & property <input type="checkbox"/>	Same as level 2 & chronic, extreme destruction of property Specify _____ _____ <input type="checkbox"/>
SEXUAL BEHAVIOR FP must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation.	FP may need to provide guidance as child begins to explore his/her sexuality. <input type="checkbox"/>	<ul style="list-style-type: none"> Redirection of overly-sexualized behavior Preoccupation with masturbation & sexual activity <input type="checkbox"/>	<ul style="list-style-type: none"> Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely May require counseling <input type="checkbox"/>	Same as level 2 & history of initiating sexual activity with other children on more than one occasion; sexually aggressive & FP must supervise peer contact to protect other children. <input type="checkbox"/>

CONCERNS	NON SPECIAL RATES ELIGIBLE	LEVEL 1	LEVEL 2	LEVEL 3
SCHOOL PROBLEMS: FP maintains contact with school personnel; attends school meetings and/or IEP's, assist minor with schoolwork and/or homework; insure minor's educational needs & objectives are met.	<ul style="list-style-type: none"> • FP needs to maintain regular communication with school personnel. • FP will need to provide assistance with homework. <input type="checkbox"/>	Child presents discipline problems; may need services from Resource Specialist Program, specialized tutoring <input type="checkbox"/>	Same as level 1 & needs assessment for special education services <input type="checkbox"/>	Child will need special day class or intensive special education support to achieve educational objectives <input type="checkbox"/>
EMOTIONAL & BEHAVIORAL CONCERNS: FP must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor; follow-thru with therapy recommendations.	Child may exhibit situational, temporary moodiness <input type="checkbox"/>	Behavior indicates need for assessment by mental health professional <input type="checkbox"/>	Unresponsive & withdrawn; FP must monitor closely; work with therapist. <input type="checkbox"/>	Suicidal ideation; need for on-going or intensive therapy <input type="checkbox"/>
FOSTER PARENT IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	Foster parent may be asked to participate in an occasional session <input type="checkbox"/>	At least every other week <input type="checkbox"/>	At least weekly <input type="checkbox"/>	At least twice weekly <input type="checkbox"/>
HYPERACTIVE: FP must constantly monitor & redirect the minor's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	Child may have periods of being excessively energetic. <input type="checkbox"/>	Highly active & demanding of attention from family members. No medication necessary. <input type="checkbox"/>	Activity level must be controlled with medication. <input type="checkbox"/>	Constant movement & restlessness. Cannot be controlled with medication. Child up at nights wandering through the house. <input type="checkbox"/>
OTHER – Minor has emotional need not covered above that requires the FP to perform activities differing from those above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAW VIOLATIONS – FP must be aware of the minor's behavior in the community; has constant contact with police or probation; handle community complaints; monitor minor's property to insure that it isn't stolen; monitor drug use & intervene as necessary.	N/A	AWOL behavior that puts child at risk. <input type="checkbox"/>	Pattern of truancy; stealing in the home or community; minor antisocial behavior. <input type="checkbox"/>	Alcohol/drug use; major theft; assaultive; weapons possession. <input type="checkbox"/>

Required LIC625 Attached: ☐ Yes

☐ Auxiliary Needs (special diet, supplements & excess transportation) \$50

Foster Parent Signature: _____ Date: _____

Social Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Program Manager Signature: (If needed, Level III only) _____ Date: _____